

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.12		7/12/99
O.I.P.E. CLASSIFIER		21	7/15/99
FORMALITY REVIEW		65203	7-27-99

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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